## PART B - FEE(S) TRANSMITTAL

06-22-07

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MIE W MOREE,		Maryann Wieczorek  Okaryan Meczek  June 21, 2007				(Depositor	r's name)			
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APPLICATION NO. FILING DATE			* 7.7	FIRST NAMED INVEN	TOR		ATTORNEY DOCKET NO.		CONFIRMATION	NO.
10/721,800	11/24/2003			Todd W. Johnson	1		066	042-9537-00	5088	
TITLE OF INVENTION		06/22/2007 NNGUYEH2 00000003				0721800				
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APPLN, TYPE	SMALL ENTITY	ISSUE	FEE DUE	PUBLICATION FEE D	UE P	REV. PAID ISSUI	-	TOTAL FEE(S) DUE	209.00 OF DATE DUE	
nonprovisional	NO	\$1	1400	\$300		\$0		\$1700	09/18/2007	
EXAMINER ART UNIT			UNIT	CLASS-SUBCLASS						
TSO, ED	838	320-112000								
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	ND RESIDENCE DATA less an assignce is ident th in 37 CFR 3.11. Comp GNEE ectric Tool Corpo	fied below letion of th		"	he pater g an ass CITY an				cument has been fi	iled for
Please check the appropr	riate assignee category or	categories (	(will not be pi	rinted on the patent):	☐ In	dividual 🛭 Co	rporation	or other private grou	p entity Gover	rnment
4a. The following fee(s)  XIssue Fee  XIPublication Fee (N	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  ✓ A check is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached. CREDIT  ✓ The Director is hereby authorized to xbargathe required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3080 (enclose an extra copy of this form).									
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